DOCUMENT RESUME

CG 009 348

ED 097 618

AUTHOR	Brown, George H.
TITLE	Drug Usage Rates as Related to Method of Data Acquisition. Technical Report No. 74-20.
INSTITUTION	Human Resources Research Organization, Alexandria, Va.
SPONS AGENCY	Army Behavioral Science Research Labs., Arlington, Va.
REPORT NO	HumRRO-TR-74-20
PUB DATE	Aug 74
NOTE	50p.
EDRS PRICE	MF-$0.75 HC-$3.15 PLUS POSTAGE
DESCRIPTORS	*Adults; *Bias; *Data Collection; *Drug Abuse; Military Service; Research Projects; Social Attitudes; *Surveys

ABSTRACT

Assessing the extent to which survey results vary as a function of how the data was collected provides a sounder basis for interpreting the magnitude of a problem implied in a particular set of survey results. This study was concerned with drug abuse in the Army, and was directed at comparing reported drug rates obtained by a variety of data-gathering procedures. It was assumed that whichever methods of data collection yielded the highest rates of usage were probably the most valid. Two separate studies were conducted, using different methodologies. In Study 1, a comparison was made between the drug usage rates yielded by an anonymous questionnaire and indepth personal interviews conducted under nearly ideal interview conditions. In Study 2, the effect of type of administrator on drug usage rates obtained by the questionnaire was examined. The methodological finding in both of the studies showed that obtained drug usage rates, using several criteria, did not differ significantly for the several modes of collection. The study also presents supplemental findings on drug usage rates. (Author/PC)

Technical Report 74-20

HumRRO-TR-74-20

SCOPE OF INTEREST NOTICE
The ERIC Facility has assigned this document for processing to: CG | CE
In our judgement, this document is also of interest to the clearinghouses noted to the right. Indexing should reflect their special points of view.

HumRRO

BEST COPY AVAILABLE

Drug Usage Rates as Related to Method of Data Acquisition

George H. Brown

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

HUMAN RESOURCES RESEARCH ORGANIZATION
300 North Washington Street • Alexandria, Virginia 22314

Approved for public release; distribution unlimited.

August 1974

ED 097618

CG 009 348

BEST COPY AVAILABLE

The Human Resources Research Organization (HumRRO) is a nonprofit corporation established in 1969 to conduct research in the field of training and education. It is a continuation of The George Washington University Human Resources Research Office. HumRRO's general purpose is to improve human performance, particularly in organizational settings, through behavioral and social science research, development, and consultation. HumRRO's mission in work performed under Contract DAHC 19-73-C-0004 with the Department of the Army is to conduct research in the fields of training, motivation, and leadership.

The findings in this report are not to be construed as an official Department of the Army position, unless so designated by other authorized documents.

Published
August 1974
by
HUMAN RESOURCES RESEARCH ORGANIZATION
300 North Washington Street
Alexandria, Virginia 22314

BEST COPY AVAILABLE

SUMMARY AND CONCLUSIONS

MILITARY PROBLEM

Social problems such as illicit drug use exist in the Army as in the civilian world. It is difficult to conduct valid surveys to assess the magnitude of such social problems, either in the Army or in civilian life, because many people are reluctant to describe their feelings, opinions, or behavior on sensitive topics. Assessing the extent to which survey results vary as a function of how the data were collected can provide a sounder basis for interpreting the magnitude of a problem implied in a particular set of survey results.

RESEARCH PROBLEM

This research was concerned with one particular sensitive social problem—the non-therapeutic use of drugs—and was directed at comparing reported drug usage rates obtained by a variety of data-gathering procedures. It was assumed that whichever of these methods yielded the highest rates was probably the most valid.

APPROACH

Two separate studies were conducted, with the data-gathering phase taking place during the summer of 1972. These are referred to as Studies II and III, as a previous study in this Work Unit has already been completed and reported.

In Study II, a comparison was made between the drug usage rates yielded by an anonymous questionnaire and in-depth personal interviews conducted under nearly ideal interview conditions. Subjects were two groups of approximately 200 each, taken from enlisted personnel (E5 or below). Data were collected at three large posts.

In Study III, the effect of type of administrator upon drug usage rates obtained by the questionnaire was examined. Five types of administrators were used: young civilians of "mod" appearance, middle-aged researchers of conventional appearance, Army physicians in uniform, nonmedical Army officers, Enlisted Personnel Specialists.

Soldiers who participated in the study were five groups of lower ranking enlisted personnel, each group numbering about 100. Data were collected at two large posts.

RESULTS

Methodological Findings

In both of the studies, the obtained drug usage rates, using several different criteria, did not differ significantly for the several modes of data collection.

Supplementary Findings

The data obtained in the two studies permitted many analyses that are of interest, although not related to the main methodological purpose of the studies. It should be noted that these data were collected in the summer of 1972, when both the composition

of the Army and military circumstances differed from current conditions. Some of these supplementary findings concerning drug usage rates are as follows:

(1) An illicit drug had been used at least once by 71% of the men (interview data), either as civilians before entering the Army or during their military service.

(2) Of the drug users (interview data), 41% had used only one drug—in most cases, marijuana.

(3) Of the entire sample, 43% reported they had used marijuana before joining the Army. Only 17% had first used it in the Army.

(4) Of all men (interview data) who had first used marijuana, 17.5% eventually tried a narcotic.

(5) Based upon the combined data of both studies, 59% reportedly used marijuana and 38% were using it at the time of the survey.

(6) Based upon the combined data, a strong positive relationship was found between (a) number of uses of marijuana, and (b) tendency to have used other drugs.

CONCLUSIONS

With the type of subjects and administrative conditions employed in these studies, the following conclusions appear tenable:

(1) The anonymous drug-use questionnaire is no less effective than in-depth personal interviews in eliciting reports of drug use.

(2) Rates of reported illicit drug usage are not significantly affected by the type of person administering a drug-abuse questionnaire.

PREFACE

Both the military and the civilian worlds have been beset with numerous critical social problems. Improved methods of data acquisition are needed in these areas, in order to provide a sounder basis for effective ameliorative action. This report is the second in a series that focuses upon one of these problem areas, the nontherapeutic use of drugs, and assesses the effect upon reported drug usage rates of various methods of data acquisition. The data were collected in the summer of 1972.

This research was conducted by the Human Resources Research Organization, Division No. 7 (Social Science) (now part of the HumRRO Eastern Division—Dr. J. Daniel Lyons, Director), under Work Unit MODE, Sub-Unit I. Work Unit MODE, Methodology of Studying Drug Usage in Military Settings, was initiated in January 1971. Dr. George H. Brown was Work Unit Leader. Members of the MODE staff who participated in the research reported here were Mr. John Richards and Mr. Thomas Hoidal. Dr. Arthur J. Hoehn was Director of Research of Division No. 7. Work Unit MODE was sponsored by the U.S. Army Research Office, Behavioral Science Division. Appreciation is expressed to MAJ R.B. LaFrance of the U.S. Continental Army Command for his assistance in making arrangements for the data collection. Appreciation is also expressed to the participating personnel at Fort Jackson, South Carolina, Fort Knox, Kentucky, Fort Leonard Wood, Missouri, Fort Polk, Louisiana, and Fort Sill, Oklahoma.

HumRRO research for the Department of the Army is conducted under Contract DAHC 19-73-C-0004. Army Training Research is conducted under Army Project 2Q062107A745.

Meredith P. Crawford
President
Human Resources Research Organization

CONTENTS

Chapter		Page
1	**Introduction**	3
2	**Study II: Comparison of the Questionnaire and the Interview**	4
	Background	4
	Overall Plan of Study II	5
	Selection of the Samples	5
	Research Instruments and Administration Procedures	6
	The Drug Questionnaire	6
	The Personal Interview	7
	Supplements to the Personal Interview	7
	Conduct of the Interview	7
	Administrative Arrangements and Scheduling	8
	Analysis of the Data	8
	Results	10
3	**Study III: Effect of Type of Administrator on Drug Usage Rates Obtained by Anonymous Questionnaire**	12
	Background	12
	Overall Plan of Study III	12
	Selection of the Samples	13
	The Questionnaire Administrators	13
	Questionnaire Administration Procedure	14
	Analysis of the Data	14
	Results	14
4	**Onset and Progression of Drug Use**	16
	Background	16
	First Drug Used	16
	Setting in Which First Drug Use Occurred	16
	Reaction to First Drug Use	17
	Discontinuing Drug Use After a Single Try	17
	Number and Variety of Drugs Used	18
	Narcotics Use	18
5	**Nonmethodological Survey Findings**	20
	Background	20
	Incidence of Drug Use	20
	Marijuana Use	21
	Marijuana Use in Relation to Other Drugs	21
	Drug Use as Related to Vietnam Experience	23
	"Committed Drug Users" vs. "Principled Nonusers"	23
Literature Cited		29

Appendices

		Page
A	Drug Questionnaire	31
B	Supplement for all Drug Users (Except Alcohol)	41
C	Supplement for Heroin Users	43
D	Bureau of Narcotics and Dangerous Drugs (BNDD) Letter Conveying Privileged Communication Status	44
E	Instructions for Administering the Project MODE Drug Questionnaire	45

Tables

1	Number of Men in Each Treatment Group at Each Post: Study II	6
2	Demographic Characteristics on Which Questionnaire and Interview Groups Differed Significantly	9
3	Comparison of Questionnaire and Interview Groups on Various Criteria of Drug Usage	10
4	Number of Usable Questionnaires in Each Treatment Group: Study III	13
5	Drug Usage Rates Reported to Different Types of Questionnaire Administrators	15
6	Reasons for Quitting Drug After a Single Try	17
7	Number of Different Drugs Used	18
8	Incidence of Drug Use by Various Criteria	20
9	Relationship Between Use of Marijuana and Use of Other Drugs	22
10	Estimates of Extent of Drug Use Made by Those Who Have and Those Who Have Not Used Drugs	22
11	Drug Usage by Enlisted Men With and Without Vietnam Experience	23
12	Characteristics Differentiating "Principled Nonusers" and "Committed Drug Users"	24

Drug Usage Rates as Related to Method of Data Acquisition

Chapter 1

INTRODUCTION

In the military, as in the civilian world, social problems abound. One problem, illicit drug use, attracts national attention and concern from time to time. It is difficult to assess the true magnitude of problems such as this one, or to detect incipient problems before they become acute. The sensitivity of these topics is such that candid, open expression of feelings is unlikely. Systematic opinion surveys in these areas yield information of questionable validity, since respondents may be reluctant to speak openly about matters that could "get them into trouble." A need clearly exists for reliable methods of collecting valid information on critical social problems.

The research upon which this report is based was conducted as part of Work Unit MODE. The general objective of MODE is to develop, refine, and evaluate methods of collecting valid research data on sensitive social problems within the military.

Study I in this Work Unit (Brown and Harding, 1) was concerned primarily with comparing three different methods of assessing drug usage rates among Army personnel:

(1) An anonymous questionnaire administered by middle-aged civilian researchers.

(2) A randomized inquiry technique, which affords the subject very high assurance of anonymity.

(3) A card-sort technique for the unobtrusive assessment of attitude toward drugs.

This document reports the results of two further methodological studies dealing with illicit drug usage. In Study II, which is described in Chapter 2, the anonymous questionnaire is compared with the personal interview. In Study III, described in Chapter 3, the effect of the type of administrator upon drug usage rates obtained by anonymous questionnaire is explored. Chapters 4 and 5 present research findings of a nonmethodological nature, which were obtained incidental to the principal objectives of the two studies.

Chapter 2

STUDY II: COMPARISON OF THE QUESTIONNAIRE AND THE INTERVIEW

BACKGROUND

The objective of Study II was to compare drug usage rates obtained by means of an anonymous questionnaire with those obtained by personal interview. The question of the relative effectiveness of the questionnaire and the personal interview seems to have received scant research attention. A literature search yielded only one study relevant to this question. McDonagh and Rosenblum (2) compared the results obtained from a mail questionnaire with those obtained by personal interview, both concerned with religiosity and prejudice. Finding no significant differences between the two methods on identical questions, they tentatively concluded that "researchers should have greater confidence in the questionnaire method as an initial tool of research."

There are two important differences between the McDonagh and Rosenblum study and the present study. First, although questions about religiosity and prejudice may indeed be somewhat sensitive, they are probably not nearly so threatening as questions about illicit drug use. Admission of an illegal act could have serious consequences.

A second difference between the McDonagh and Rosenblum study and the present study is that the former involved a mail questionnaire rather than a group administration of a questionnaire. With the mail questionnaire, the respondent simply answers impersonal printed questions, ordinarily without being subject to influences stemming from the presence of other people.

In a group administration, the individual is also responding to stimuli provided by the questionnaire, but his response set is altered by his being a member of a group. Whatever behavioral set this group membership evokes may well influence the way he responds to the questionnaire. He may feel either more or less inclined to cooperate, or to be truthful. Also, with the group-administered questionnaire, the administrator personifies the intent of the survey, or at least he represents the sponsoring agency. Interaction between the questionnaire administrator and the respondents may very well modify the respondents' response sets (either positively or negatively).

In a personal interview, however, the subject is in an active, dyadic social situation. He must respond to questions presented to him orally by an interviewer. There is no group to influence his response set—the situation is entirely one of interpersonal interaction.

The advantage of the dyadic relationship lies in the fact that the interviewer may be able to influence the interviewee to respond honestly; that is, an effective interviewer may be able to create a supportive atmosphere when the subject of the inquiry is sensitive or personal. For this reason, the personal interview might be more effective than the questionnaire in eliciting accurate information about nonmedical drug use. On the other hand, it could be more difficult in the interview situation to convince the interviewee of his anonymity and freedom from possible recriminations.

OVERALL PLAN OF STUDY II

An equivalent group design was prepared in which two random samples of men (from E1 to E5) would be drawn from the same population. One sample of men would be administered the questionnaire, and the other would be interviewed under conditions as nearly optimal as possible. Principal data analyses would be directed at comparing the proportion of the two groups who reported usage of various types of illicit drugs.

SELECTION OF THE SAMPLES

It is well established that drug usage is inversely related to rank (*cf.* Brown and Harding, 1, and Fisher, 3). A high incidence of illicit drug usage is found at the lower enlisted ranks, and relatively little at the NCO level. Accordingly, in the present study, only men between E1 and E5 were used.

Through the assistance of the Army Research Office and of the U.S. Continental Army Command, three posts were selected for participation in the study—Fort Jackson, South Carolina, Fort Polk, Louisiana, and Fort Sill, Oklahoma. Each post was to provide 75 soldiers to be interviewed and 75 to whom a questionnaire would be administered. Across the three posts there would be a total of 225 men in each of the two treatment groups.

A procedure was worked out whereby men would be selected on the basis of the final digits in their social security account numbers (SSAN), and randomly assigned to the two treatment groups. It was hoped that at each post the entire sample selection and assignment to treatments could be done by computer, and thus preclude any deviations from random assignment that might be introduced by human judgment.

With an equivalent group design, it is critical that random assignment be rigorously followed, and that all men earmarked for a particular treatment actually receive that treatment. Project officers at the posts were cautioned to permit no substitutions. The only acceptable reasons for nonparticipation by a designated subject were:

(1) The soldier had transferred off post or had not yet arrived on post
(2) He was confined for disciplinary reasons
(3) He was hospitalized
(4) He was on leave
(5) He was AWOL

Those who failed to appear (no-shows) were followed up and rescheduled to reduce the likelihood that any systematic bias might be introduced by differential rates of no-shows between the two treatment groups.

The sampling plan encountered serious difficulties in implementation. At one of the three posts, the computerized personnel file contained only permanent party personnel. Trainees were listed only on handwritten records that had to be manually searched for appropriate personnel to be assigned to the two treatment groups. This, of course, increased the likelihood that deviations from randomization might occur. Another serious obstacle arose because the computerized personnel files were often out of date. At one post, approximately half the names turned up by the computer were of men no longer on post. In some instances, it appeared that men were assigned to treatments at a post on the basis of transportation convenience rather than randomly.

The two treatment groups differed significantly from each other on a number of background characteristics, verifying the impression that subjects had not been assigned randomly.

A total of 11 men were eliminated from the sample prior to data analysis because (a) the last digits of their SSAN were not in accordance with the sampling plan (six cases), or (b) an erratic response pattern indicated they were not cooperative (five cases). There were no erratic responders among those interviewed because the interview situation permits resolution of apparent inconsistencies by follow-up questions. Among the men scheduled to be interviewed, only one refused.

The total numbers of men usable as subjects in each treatment group at each post are presented in Table 1.

Table 1

Number of Men in Each Treatment Group at Each Post: Study II

Treatment Group	Post 1	Post 2	Post 3	Total
Questionnaire	69	80[a]	76	224
Interview	72	48[b]	75	195

[a]Not including one National Guard person who was eliminated.
[b]Not including 26 National Guard personnel who were eliminated.

At one post, 27 National Guard (NG) personnel had been selected as subjects, all but one of whom were in the interview group. All NG personnel were subsequently eliminated from the study after it was established that they differed greatly from non-NG personnel on a large number of background characteristics and in reported drug usage. The fact that the NG personnel were so unevenly divided between the two treatment conditions is additional evidence that assignments were not made randomly.

RESEARCH INSTRUMENTS AND ADMINISTRATION PROCEDURES

THE DRUG QUESTIONNAIRE

This instrument, which is reproduced in Appendix A, is virtually identical to the one developed and used in the first MODE study (Brown and Harding, 1). It consists of 63 items distributed over the following content areas:

(1) Military Status and Experience (9 items)
(2) Demographic Characteristics (10 items)
(3) Use of Major Types of Drugs (17 items)
(4) Marijuana Use: History of, Circumstances of, and Reactions to (13 items)
(5) Opinions Regarding Army Drug Policy (3 items)
(6) Estimates of Extent of Drug Use in Unit (6 items)
(7) Miscellaneous (5 items)

As each soldier reported to the "testing room," his name was checked on an attendance roster so that no-shows could be followed up and rescheduled. Attendance checking was done by an officer or NCO assigned by the project officer. Actual questionnaire administration did not begin until the attendance checker had completed his task and left.

The questionnaire was administered to groups of 20 to 30 soldiers at a time. Each administration was carried out by one of two young male research assistants, approximately 25 years old, with hair about shoulder length. It was presumed that their age and

appearance would enhance their "trustability" to drug-using soldiers. An attempt was made to create an informal, relaxed atmosphere.

The men were told that they had been randomly selected to complete an anonymous questionnaire on drug use. The particular final digits of SSANs that had been used in selecting the sample were mentioned so that the men would know that their presence was in conformity to the random sampling system. It was explained that the completed questionnaires would be seen only by civilian research personnel who would also conduct all data analysis.

As each man finished, he deposited his completed questionnaire at an indicated place and then waited outside. When all the men had finished, the group was reconvened in order to provide an opportunity for answering any questions that the respondents might have had. One hour was scheduled for each administration, although 30 to 40 minutes was generally sufficient.

THE PERSONAL INTERVIEW

Because the primary purpose of this study was to compare drug usage rates yielded by a questionnaire with those yielded by an interview, the content of the questions in the two procedures was standardized. Accordingly, an actual questionnaire booklet was used as an interview guide. If a soldier's answer readily fit one of the regular options provided, the interviewer simply checked the proper alternative. If not, further questions were asked to elucidate the response. Write-ins and marginal comments were freely made.

Supplements to the Personal Interview

Although the primary objective of the study could be met through the use of the two procedures just described, it was thought that the opportunity to personally interview a substantial number of Army personnel on the subject of drug usage should be capitalized upon to obtain as much additional information as possible about specific patterns of drug use. Accordingly, two additional interview guides were developed.

Supplement for All Drug Users (Interview Guide). This instrument (provided in Appendix B) was administered (by interview) to all soldiers who, in the main interview, had reported use of any illicit drug. It includes questions concerning number and sequence of different drugs used, circumstances of first use, and reasons for quitting.

Supplement for Heroin Users (Interview Guide). This instrument (provided in Appendix C) was administered (by interview) to all soldiers who reported any use of heroin or opium. It includes questions on mode of use (e.g., needle or inhalation), circumstances of first use, whether addiction occurred, and circumstances of discontinuance.

Conduct of the Interview

It was intended that the personal interviews be conducted under conditions as close to ideal as attainable. Accordingly, the interviewers were young, long-haired, male research assistants, with Army experience in Vietnam, who were familiar with the drug culture and jargon. Their appearance identified them as civilians.

It was planned that interviews would be conducted in small, private, reasonably quiet offices. This requirement was met reasonably well except at one post where fairly large classrooms had to be used, which may have reduced somewhat the atmosphere of closeness and privacy that was sought.

As each soldier reported to the interview room, he was greeted by the interviewer who introduced himself, using his first and last name. A few minutes were spent in informal conversation, designed to put the soldier at ease and to establish rapport. The interviewer explained that an anonymous drug survey was being conducted and that the soldier's name had been randomly selected because of his having certain final digits in his SSAN.

In reassuring to the maximum the soldier's feeling of safety against self-incrimination, he was shown (and invited to take if he chose to do so) a copy of a letter to HumRRO from the Bureau of Narcotics and Dangerous Drugs, Department of Justice. This letter, shown in Appendix D, conferred "privileged communication" status upon the interviewers.

ADMINISTRATIVE ARRANGEMENTS AND SCHEDULING

Data were collected during June and July of 1972, with the two researchers spending five to seven workdays at each post. At each of the three posts, a project officer had been designated to provide the necessary assistance in drawing the samples and in making the necessary logistic arrangements.

Interviews were conducted at a rate of one per hour per interviewer except for three separate one-hour periods during the week when one of the researchers was needed to administer the group questionnaire. As anticipated, some soldiers failed to appear and had to be rescheduled, thus requiring as many as seven workdays at one post to collect the required amount of data.

ANALYSIS OF THE DATA

As previously indicated, 27 NG personnel were eliminated from the study. This left a total of 224 men in the Questionnaire Group and 195 in the Interview Group. For each of these treatment groups, frequencies and percentages of men who marked each response alternative to each question were computed.

The major focus of attention was upon the proportions of the two groups who reported illicit drug use by any of 17 different criteria in the following three categories:

(1) Percentage who had "ever used": marijuana, hallucinogens, amphetamines, barbiturates, cocaine, narcotics.
(2) Percentage who were "currently using" any of the six substances listed in (1).
(3) Percentage who admitted "within last month" (WLM) usage of any of these substances.[1]

When the two treatment groups were compared on all the criteria, significant differences were found in four: The questionnaire group exceeded the interview group on both "current" use and "WLM" use of amphetamines and of barbiturates. However, the demographic data (presented in Table 2) showed a number of characteristics on which the two groups differed significantly; unfortunately these characteristics are often found to be correlated with drug use. Therefore, it could not be determined whether to attribute the criterion differences to the method of data acquisition or to demographic differences between the groups. A more refined analysis was therefore needed.

An analysis of covariance could be used to determine whether criterion differences would be found if the two groups were statistically equated on background

[1] Cocaine was not included in this set of questions.

Table 2

Demographic Characteristics on Which Questionnaire And Interview Groups Differed Significantly[a]

Characteristic	Percentage in Questionnaire Group (N=224)	Percentage in Interview Group (N=195)
Vietnam experience	35	25
"Desperate" to get out of Army	22	10
Satisfied with present Army job	42	53
Had legal trouble in civilian life	14	26
Had been serious student in civilian life	77	59
Was reared as a Protestant	55	73
Currently a Protestant	51	63
Has very religious parents	72	66

[a] $p < .05$.

characteristics. A simple analysis was not possible because many of the critical demographic characteristics are not continuous variables (e.g., religion reared in, Vietnam experience). A computer program known as GENDALIN[1] (general data linearization) was used to transform each categorical response to demographic questionnaire items into a quantitative, linearized score. In effect, this program determines which items have response alternatives that correlate significantly with a specified criterion, and assigns to each such response alternative a score equal to the mean criterion score of all who selected that alternative. The program also combines adjacent response alternatives whenever their respective criterion scores do not differ significantly. The GENDALIN program thus accomplishes two things: (a) It identifies the background characteristics that are significantly correlated with a criterion of drug usage, and (b) it assigns a quantitative score to each response option based upon its degree of relationships with the criterion.

To carry out the analyses of covariance, each of the criteria was scored dichotomously. For example, a man who indicated *any* current use of "drug X," whether his rate was once a month or several times a day, was assigned a criterion score of 1; men who indicated no current use of the drug were assigned a criterion score of 0.

This mode of scoring was considered appropriate because of the nature of the research question under investigation—the effect of data collection method on the willingness to report drug usage. Presumably, under a given set of conditions, willingness to report occasional drug use would be no greater than willingness to report frequent use. It would be inappropriate to assign criterion scores reflecting an individual's degree of drug usage. Such a system would, in effect, treat one "frequent user" as the equivalent of four "once a monthers." With such a scoring system, it would be possible for one group to have a higher mean criterion score than the other, while actually having fewer individuals who reported drug use.

A separate analysis of multiple covariance was carried out with respect to each of the 17 criteria of reported drug usage. In each analysis, all background characteristics which were significantly correlated with the criterion were used as covariates. The number of covariates per analysis ranged from four to 13. Those criteria which showed

[1] This program was developed by Dr. John Plag, Navy Medical Neuropsychiatric Research Unit, San Diego, California. It is described only in informal mimeographed materials.

up most often were "had legal troubles in civilian life", number of times AWOL, intentions re Army career, religiosity, and size of community in which reared.

It is regrettable that the original sampling system, which would have provided equivalent groups of subjects, did not work out as planned. If it had been utilized, the analysis and interpretation of data would have been much more straightforward. The fact that analysis of multiple covariance had to be used to statistically equate the groups somewhat reduces one's confidence in the results obtained. The reader is cautioned that the results should be interpreted in the light of limitations inherent in the covariance technique for equating research groups.

RESULTS

The adjusted mean criterion scores derived from the analyses of covariance are presented in Table 3. These scores can be viewed as the proportions (adjusted), of each group who reported any use of the designated drug by the criteria indicated. For example, if exactly half a group admitted to use of a certain drug, their mean criterion score would be .50.

Table 3

Comparison of Questionnaire and Interview Groups on Various Criteria of Drug Usage

Criterion	Adjusted Means		*F*
	Questionnaire Group (N=224)	Interview Group (N=195	
Current Use			
Marijuana	.34	.34	<1
Hallucinogens	.10	.07	1.30
Amphetamines	.14	.07	2.10
Barbiturates	.09	.02	9.73[a]
Cocaine	.04	.04	<1
Narcotics	.03	.04	<1
Within Last Month Use			
Marijuana	.29	.24	1.01
LSD, etc.	.04	.04	<1
Speed, etc.	.08	.05	1.64
Downers, etc.	.05	.02	3.22
Heroin, etc.	.01	.02	<1
Ever Used			
Marijuana	.56	.63	1.30
Hallucinogens	.21	.22	<1
Amphetamines	.27	.27	<1
Barbiturates	.20	.15	1.80
Cocaine	.12	.12	<1
Narcotics	.11	.15	1.54

[a] $p < .01$.

It is apparent that the questionnaire group and the interview group differed significantly on only one of the 17 criteria—current use of barbiturates. Approximately 9% of the questionnaire group reported such use compared with approximately 2% of the interview group. This single significant F probably should not be considered important for the following reasons: (a) There is no reason to regard reported barbiturate use to be more dangerous or threatening than, for example, reported heroin or hallucinogen use; and (b) when any sizable number of significance tests are performed, it is to be expected that by chance, a few will appear significant even if no real differences are present.

Although there is no clear evidence that any of the differences shown in Table 3 are significant, the questionnaire group tended to have higher mean scores than the interview group (11 out of the 17 comparisons). This finding *suggests*, but does not establish, that the anonymous questionnaire *may* have a slight advantage over the interview in eliciting reports of drug use. This is not surprising, because, although it is impersonal and not capable of accommodating to the anxieties or other characteristics of individual respondents, the very impersonality of the anonymous questionnaire probably contributes to the feeling of safety it can engender. This is not to deny that the interview method may be ideal for certain other purposes, such as in exploratory studies of a new research area or in clinical diagnosis.

Even in assessing drug usage rates, the interview method had one clear advantage: It was far more successful in ensuring that the respondent understood the question and gave comprehensible, consistent responses. It was never necessary to discard a subject's data because of inconsistencies. Of course, a respondent can be perfectly consistent and still withhold information that he regards as incriminating.

The overall conclusion from this study is that the widely used anonymous questionnaire method is certainly not inferior, and may even be slightly superior, to the personal interview, as a system for gathering information on such sensitive topics as illicit drug use.

Chapter 3

STUDY III: EFFECT OF TYPE OF ADMINISTRATOR ON DRUG USAGE RATES OBTAINED BY ANONYMOUS QUESTIONNAIRE

BACKGROUND

The primary objective of this study was to determine whether drug usage rates obtained from anonymous questionnaires are influenced by the type of person serving as administrator.

In preliminary exploratory work in Work Unit MODE, a series of informal discussions was conducted with small groups (six to eight men) of military personnel at a nearby installation. Each group was homogeneous in grades and all grades from E1 through 02 were represented.

Among the topics explored was the question of what type of administrator would be likely to obtain the highest level of cooperation and the greatest candor from respondents when administering a drug questionnaire to a group of lower ranking enlisted men. Opinions varied and no true consensus emerged. There was a tendency, however, to regard Army physicians as the most trusted. Some individuals felt that civilian researchers would be ideal, but others felt that they might be suspected of being Criminal Investigation Division personnel. A few men suggested that a long-haired "hippie" would be most effective, while others felt that such a person would, by his mere appearance, antagonize the more conventional personnel and perhaps make them less cooperative.

Clearly, there is a diversity of opinion about the influence of the type of administrator upon the results obtained by an anonymous questionnaire. If research established that drug usage rates reported do indeed vary systematically as a function of type of administrator, this fact would have practical implications for conducting surveys on other sensitive topics as well. It would suggest that, to the extent feasible, such surveys should be conducted by the type of person proved to be most effective, or if they are conducted by other types of persons, the results should be interpreted with due regard to the influence of administrator characteristics.

OVERALL PLAN OF STUDY III

An equivalent group design was prepared in which five random samples of men (grades E1 to E5) would be drawn from the same population, and be administered the MODE Drug Questionnaire by:

(1) Young civilian researchers of "mod" appearance
(2) Middle-aged civilian researchers of conventional appearance
(3) Army physicians in uniform
(4) Nonmedical Army officers
(5) Enlisted personnel specialists (SP4 or SP5)

Drug usage rates obtained under the different conditions would be compared.

SELECTION OF THE SAMPLES

With the assistance of CONARC, arrangements were made to collect data at two posts—Fort Leonard Wood, Missouri, and Fort Knox, Kentucky. Each post was asked to provide 250 soldiers in grades E1 to E5. They were to be selected, by computer, on the basis of the final digits of their SSANs, and assigned randomly to each of 10 groups (25 men per group). Ten administrators, two of each type described in the overall plan, were randomly assigned to the 10 groups.

As had occurred in Study II, the sampling plan encountered serious difficulties. In some instances, more than one-half the names on a given roster were of men no longer on post. Additional SSAN digits had to be selected at the last minute and additional soldiers located and assigned. Eventually, enough soldiers were administered the questionnaire under the various types of administrators to meet the numerical requirements of the research design. The resulting groups were, however, far from equivalent on numerous background characteristics.

A total of 529 completed questionnaires were collected at the two posts. Of these, 30 were eliminated for the following reasons: (a) incorrect SSAN (one case); (b) National Guard personnel (15 cases); (c) admitted on questionnaire that they had not been truthful (nine cases); (d) erratic, inconsistent responding (five cases). The numbers of usable questionnaires in each treatment group at each post are shown in Table 4.

Table 4

Number of Usable Questionnaires in Each Treatment Group: Study III

Type of Administrator	Usable Questionnaires		
	Post 1	Post 2	Total
Young "Mod" Civilian	47	49	96
Middle Aged Civilian	68	38	106
Army Physician	48	43	91
Nonmedical Officer	59	51	110
Enlisted Clerk	52	44	96
Total			499

THE QUESTIONNAIRE ADMINISTRATORS

The same young male research assistants who collected the data in Study II served as the "young mod" administrators in Study III. They were about 25 years old, had long (about shoulder length) hair, and were Army veterans with Vietnam experience.

The middle-aged civilian researchers, who administered the questionnaire to certain groups, were male HumRRO research scientists, in their 50s, conventional in their hair length, attire, and general demeanor.

Four Army physicians participated as questionnaire administrators, two from each post. Three were captains and one was a major. All were psychiatrists, although they were asked not to identify themselves as such, but as "Doctor_____." All wore

uniforms with medical insignia. Although not asked to do so, one wore a stethoscope around his neck while administering the questionnaire.

It was intended by the researchers that the four nonmedical officers who served as questionnaire administrators would be line officers, but this expectation had not been made explicit. The result was that the project officers, using their own judgment, chose officers associated with the local drug counselling center or mental health clinic, some of whom were psychologists. Consequently, the contrast between medical and nonmedical officers was less marked than intended.

The four enlisted men who served as administrators were not all personnel specialists, although they all were experienced in group test administration and all stated that they felt at ease in carrying out the assignment.

QUESTIONNAIRE ADMINISTRATION PROCEDURE

All data were collected during August 1972. The procedure was much the same as that described for the previous study. Attendance was checked by an officer or NCO not involved in the actual questionnaire administration.

It was planned that each military administrator would receive, well in advance of data collection, a set of detailed instructions for administering the questionnaire (these instructions are provided in Appendix E). In a few instances, however, an administrator was not designated until an hour or so before his performance. In all cases, a HumRRO researcher reviewed the procedures with each military administrator and made sure that he understood what was expected of him.

ANALYSIS OF THE DATA

The principal focus of interest in the data analysis was in comparing drug usage rates obtained by the five different types of administrators. Before making this comparison, it was necessary to determine whether the five groups of soldiers were indeed equivalent in characteristics that might be associated with drug use.

Accordingly, the equivalence of the groups in background and demographic characteristics (the first 21 items in the questionnaire) was assessed by the Chi Square test. As expected, the groups differed significantly on numerous characteristics, including composition by rank, age, time in service, Vietnam experience, and career intentions.

Because many of these differentiating characteristics had been found, in earlier MODE research, to be associated with drug use, it was necessary to statistically equate the groups by analyses of covariance. Covariates were identified and weighted by the use of the GENDALIN computer program, as described in connection with Study II (see Page 9).

RESULTS

The adjusted mean scores, based on the analyses of covariance, for each of the 17 criteria, are presented in Table 5. Again, it may be helpful to regard the adjusted mean scores as proportions. For example, 44% of the soldiers who completed the questionnaire with a "young mod" as administrator acknowledged current use of marijuana. The corresponding percentage with an Army physician as the questionnaire administrator was 35%.

Table 5

Drug Usage Rates Reported to Different Types of Questionnaire Administrators[a]

Criterion	Type of Administrator					*F*
	Young "Mod" Civilian	Middle Aged Civilian	Army Physician	Nonmedical Officer	Enlisted Clerk	
Current Use						
Marijuana	.44	.40	.35	.41	.46	<1
Hallucinogens	.08	.14	.04	.11	.10	1.26
Amphetamines	.12	.18	.09	.16	.19	1.29
Barbiturates	.08	.08	.03	.12	.13	<1
Cocaine	.05	.08	.02	.06	.03	<1
Narcotics	.05	.04	0.0	.05	.02	<1
Within Last Month Use						
Marijuana	.34	.40	.27	.30	.41	1.16
LSD, etc.	.04	.06	.04	.07	.08	<1
Speed, etc.	.09	.14	.08	.09	.14	<1
Downers, etc.	.06	.07	.07	.08	.05	1.02
Heroin, etc.	.02	.04	0.0	.02	0.0	1.10
Ever Used						
Marijuana	.60	.63	.54	.57	.64	<1
Hallucinogens	.29	.26	.24	.25	.31	<1
Amphetamines	.24	.38	.20	.32	.34	1.34
Barbiturates	.23	.24	.17	.20	.29	<1
Cocaine	.17	.11	.08	.11	.12	<1
Narcotics	.09	.15	.08	.07	.10	<1

[a]Adjusted mean scores, using analysis of covariance. None of the *F*s is significant.

Although none of the *F*s is significant, the usage rates obtained by the Army physicians are lower than those obtained by the other types of administrators in 13 of the 17 comparisons and are equal to the lowest in two other comparisons. This surprising fact is directly opposite to that hypothesized before the data were collected. As explained on page 12, pilot study work suggested that Army physicians might be the administrators most trusted by junior enlisted personnel and hence might obtain the highest rates of reported drug usage from the respondents.

Whether this unexpected finding has any true significance is difficult to know. The canons of statistical inference disallow the applications of significance tests in a *post hoc* analysis of unexpected findings. It is possible, and suggested by Wilson (4), that in reality drug users are especially reluctant to admit drug usage to Army physicians, who are likely to be involved in making decisions such as assigning apprehended drug users to rehabilitation programs, or recommending a dishonorable discharge.

The data of Table 5 provide no firm basis for concluding that any of the five types of administrators is more effective than any other in inducing men to report drug use. The most reasonable conclusion to be drawn from these data is that soldiers of the sort who participated in this study are equally cooperative and candid under each of the five different types of administrators.

Chapter 4

ONSET AND PROGRESSION OF DRUG USE

BACKGROUND

In Study II, in which the interview method was compared with the anonymous questionnaire method, all interviewed men who reported any drug use were administered a supplementary interview to obtain more detailed information about their experience with drugs. Of the 195 soldiers interviewed, 131 (71%) fell into this category.

Among those who had used drugs, 30 soldiers (15% of the entire group interviewed) had had experience with a narcotic. These individuals were administered an additional interview dealing specifically with narcotics use.

This chapter summarizes the information obtained in the supplementary interviews. Such material, while not methodological, is nevertheless worthy of reporting because of the light it sheds upon the onset and progression of drug use.

FIRST DRUG USED

The common belief that most drug users begin with marijuana is supported by the data from this survey. Fully 85% of these 139 drug users reported that marijuana was the first (and sometimes only) drug that they had used. The next most common type of drug of first use was "stimulants," which was named by 12% of the sample. The remaining 3% of the sample gave answers that were scattered among miscellaneous depressants and hallucinogens.

SETTING IN WHICH FIRST DRUG USE OCCURRED

When asked to describe the setting in which they first used an illicit drug, a preponderance of soldiers mentioned some sort of group situation. The responses to this question were coded as follows: small group, 55%; party, 21%; twosome, 16%, public gathering, such as a rock concert, 2%. Only eight men (6%) were alone when they tried their first drug. About one-third of the total number of drug users mentioned that they had been drinking some form of alcohol at the time of their first drug use.

When asked for their reason for trying drugs the first time, the most common response was "curiosity," which was given by two-thirds of the users. Fifteen percent of the users indicated that they had been influenced by group pressures or urging by their friends. Only 6% (eight men) mentioned personal problems as a factor inclining them to try drugs for the first time. Four individuals (3%) mentioned boredom as a precipitating factor. Ten (7%) mentioned that they had taken a drug in order to stay awake; one had taken a drug in order to get to sleep.

REACTION TO FIRST DRUG USE

Approximately one-half the users indicated that their first drug use was pleasant or enjoyable. Ten percent said that they had an unpleasant reaction, and one-third said that they had had no reaction, either pleasant or unpleasant. They were asked whether at the time of their first drug use they considered themselves to be merely experimenting or whether they expected to become regular users. Sixty percent of the respondents reported that they had expected to continue taking it; 27% said that they had not expected to continue, and the remaining 12% had had no thoughts about this question at the time. Only 21% of the sample (29 men) now considered themselves to be regular users of the drug that had been their drug of first use.

The term "regular user" turned out to have a wide variety of meanings for different individuals. All who considered themselves to be regular users were asked "How many times did you use this drug before you started to think of yourself as a regular user?" The modal response category was "6-10 times," which was checked for eight individuals. The next most common response category was "21-50 times," which was checked for six individuals. Two individuals responded "over 100 times."

These data suggest that many people are reluctant to label themselves as regular users. Certainly some self-deception is involved when an individual has used a drug 50 or more times and still does not think of himself as a "regular user."

DISCONTINUING DRUG USE AFTER A SINGLE TRY

The men were asked if there was any drug that they had tried just once and immediately decided never to use again. Virtually every drug that is mentioned anywhere in the survey was mentioned at least occasionally in response to this question. Most often mentioned was marijuana (17) and next was heroin (9).

Soldiers gave a variety of responses when asked why they discontinued using a drug after a single try. These were coded into six categories, and the results are presented in Table 6.

Table 6

Reasons for Quitting Drug After a Single Try

Reason	Number
Unpleasant effects	36
Produced no pleasure	2
Health hazard	8
Legal hazard	3
Curiosity satisfied	3
Miscellaneous reasons (e.g., too expensive, or too difficult to obtain)	7

While much the most common reason for not continuing a drug is that it produced unpleasant effects, there is evidence of some concern of possible health hazards, but almost no concern about legal risks.

NUMBER AND VARIETY OF DRUGS USED

The interview data were also analyzed to determine the number of different types of drugs used by different individuals. Table 7 shows the results of this analysis. Of all the respondents who had ever used an illicit drug, 41% had used only one drug. This was marijuana in all but five instances.

Among those 82 soldiers who had used more than one drug, 81% (67 men) had begun with marijuana. Clearly, marijuana was by far the most common drug of first use.

Table 7

Number of Different Drugs Used

Number of Drugs	Subjects (N)	Percent of all Drug Users
1	57	41
2	25	18
3	19	14
4	21	15
5	12	9
6	5	4

Because of the widely held belief that marijuana is the first step on the road to herioin, it is of interest to determine what percentage of those whose first illicit drug was marijuana did eventually try a narcotic. This value turned out to be 17.5%. So, based on these data, one would estimate that the probability of a man having gone on to narcotics after a first-drug experience with marijuana is only about .17.

If one considers the number of subjects who have used a narcotic, and asks what percentage of these had begun with marijuana, a much higher figure is obtained—70%. This high value is a consequence of the fact that marijuana is the drug of first use for such a large number of drug users (85%).

NARCOTICS USE

The rest of this chapter is a summary of the information obtained from the 30 respondents who indicated in the main interview that they had ever used a narcotic. Of these, 25 had used heroin, and five had used opium.

Mode of Administration in First Narcotics Use. Although one tends to think of narcotics use as primarily a matter of "mainlining"—that is, injecting into a vein by means of a hypodermic needle—this method was used by only three of the 30 individuals who had used a narcotic. The most common mode of use was smoking. Most of these men had served in Vietnam where the heroin was of such high quality that it could be quite effective mixed with tobacco in a cigaret. Twelve men first used a narcotic by inhaling it ("snorting"). One had first experienced heroin in "food or drink."

Expectations at Time of First Narcotics Use. Fourteen individuals (slightly fewer than one-half the total) had considered themselves to be simply experimenting with a narcotic and did not expect to continue using it. Twelve of the respondents said that they had expected they would continue using it. Four said that they had not thought about this question at the time. Only seven of the 30 individuals said that they actually became addicted. Again, considerable variation in criteria of addiction was found. All

were asked "how many times did you use the drug before you got hooked?" Two individuals responded that they had used it more than 100 times before "getting hooked."

Of the 30 men who had used a narcotic, five indicated that they were still using it, but all maintained that they could quit without difficulty, at any time. As in the case of men not considering themselves "regular users" of a drug, it appears that some self-deception is operating. It is commonly felt that heroin users do not know that they are addicted until they make their first serious attempt to quit.

Reasons for Quitting Narcotics. When asked what prompted them to give up the narcotic, the men gave a wide variety of answers, most of which fitted easily into one of four reasons: (a) Seven of the 24 men indicated that they had not enjoyed the experience, and therefore did not repeat it; (b) one man said that he feared getting into legal problems; (c)six refrained from continuing because of concern for their health, including fear of addiction; and (d) another six individuals said they quit simply because it was too difficult to obtain good quality heroin at a reasonable price.

Mode of Quitting Narcotics Use. Seventeen of the group of 25 ex-users of narcotics said that they had simply stopped using it and had experienced no difficulty in doing so. If this can be believed it would appear that these men had not used it enough to become truly addicted. Four men responded that they quit "cold-turkey" and did suffer withdrawal, but got through it somehow. One individual said that he obtained pills from the dispensary to ease him through the withdrawal stage. Two of the 25 ex-users said they expected to try it again sometime.

Views on Use of Heroin. The final question put to the men was "If a friend of yours was thinking of trying heroin, what would you say to him?" Twenty out of 30 indicated that they would discourage him from doing so; two said that they would encourage him; six said that they would not try to influence him in any way; one said that he would caution him not to mainline it; and one man said that he would caution him not to use too much.

Chapter 5

NONMETHODOLOGICAL SURVEY FINDINGS

BACKGROUND

In Study II and Study III, the research subjects were selected by similar procedures and were probably reasonably representative of the posts from which they were drawn. Since in neither study were significant differences found that were attributable to the experimental variables, it is appropriate to combine the data from the two. It may be of interest to examine the survey results of this combined sample and thus arrive at a description of the drug-using behavior of young enlisted men in grade E5 or below at these five posts at the time the study was conducted in 1972.

The combined sample consisted of 918 enlisted men. Forty-four percent of these men held pay grades of E4 or E5; the remainder were in lower grades. Sixty-four percent were age 21 or under. Fifty percent had voluntarily enlisted in the Army because of certain benefits or satisfactions that they expected to enjoy there. Seventy-nine percent of the sample had been in the Army less than three years.

INCIDENCE OF DRUG USE

Table 8 presents information concerning the use of various types of drugs according to various criteria. For comparison purposes, data from the first MODE study conducted in 1971 (1) are also included. The 1972 data will be examined first.

Table 8

Incidence of Drug Use by Various Criteria

	Incidence of Drug Usage[a]							
	Ever Used		Currently Using		Within Last Month Use		Daily Use	
Drug Type	1971	1972	1971	1972	1971	1972	1971	1972
Marijuana	67	59	49	38	39	31	5	6
Hallucinogens	33	25	23	9	17	5	0	<1
Amphetamines	40	29	25	13	16	9	0	<1
Barbiturates	29	20	19	8	10	5	0	<1
Cocaine	15	12	9	5	–	–	0	<1
Narcotics	19	12	10	3	0	1	2	<1

[a]The 1971 data (1) are based upon an N of 663 enlisted men; the 1972 data are based upon an N of 918 enlisted men.

Marijuana, not surprisingly, was the most widely used drug by each of the three criteria. Fifty-nine percent had at least tried it, 38% were "currently" using it, and 31% had used it within the last month. The amphetamine category (stimulants) was clearly the second most widely used drug type, with 29% reporting having used it. Twelve percent of the sample had used a narcotic, although less than 1% indicate they they used it daily. Marijuana was the only one of the drugs that any appreciable number of men reported using daily.

For all drug types, the percentage of those who were using drugs at the time of the survey were appreciably smaller than the percentages of those who had ever used drugs. This is a reflection of the fact that many men experiment with a drug but do not become habitual users. This discrepancy between the two criteria is especially marked with respect to narcotics.

The 1971 data are included for comparison purposes, although there is no assurance that the two sets of data are truly comparable. They were collected on different individuals at different posts, and by different procedures of sample selection. Nevertheless, both samples are large, and comprise the same range of ranks.

Assuming comparability of samples, the two sets of data suggest that drug use declined appreciably between the two points in time. For all six drug types, and by almost all criteria, the 1972 percentages were appreciably smaller than the 1971 figures.

MARIJUANA USE

The questionnaire included a number of questions dealing specifically with marijuana. Twenty-seven percent of the entire sample indicated that they had used marijuana more than 50 times. Forty-four percent of the entire sample had first used marijuana more than a year before the interview date. Forty-three percent of the entire sample reported that they first used marijuana in their pre-Army civilian days. Only 17% had first used it in the Army. It seems clear that marijuana use within the Army was due primarily to the men who were using it having begun their use prior to joining the Army, and that Army life itself was not a major factor in stimulating the use of marijuana.

Marijuana use appeared to be primarily a recreational activity. Less than 3% of the entire sample reported that they had ever used it while on duty. The vast majority of marijuana users reported that they used it only to get a "nice high." Nine percent of the entire sample said that they generally used it to such an extent that they got really "stoned." Only 7% of those who had used marijuana reported that they had ever "fouled up" in doing their job because they were "stoned" on marijuana at the time, although 39% of the entire sample reported that they had observed someone else in their outfit "fouling up" because he was "stoned" on marijuana.

When asked whether they felt that the military efficiency of their unit was lowered as a result of marijuana usage, 62% of the entire sample said "not in the least." The remaining 38% answered either "a little bit," "to a moderate extent," or "to a very serious extent."

MARIJUANA USE IN RELATION TO OTHER DRUGS

It is commonly believed that the use of marijuana leads to the eventual use of other drugs, including those that are much more dangerous. Item 41 in the questionnaire asks the respondent how many times in his life he has used marijuana. Seven response categories are offered, ranging from "Never" to "More than 50 times." All respondents were categorized on the basis of how they answered this particular question. Within each response group, percentages were computed of the number who had used each of the other drug types. The main results of this analysis are presented in Table 9.

Table 9

Relationship Between Use of Marijuana and Use of Other Drugs

Times Used Marijuana	N	Percentage Who Have Ever Used				
		Hallucinogens	Amphetamines	Barbiturates	Cocaine	Narcotics
Never	368	<1	2	<1	1	<1
Once	42	5	5	2	0	0
2-3	62	12	13	7	2	2
4-10	55	6	22	9	6	6
10-20	55	14	26	24	4	6
20-50	82	36	47	25	16	12
50+	254	68	72	56	35	36

Within each of the five drug types listed in Table 9, there is a strong, positive relationship between the number of times marijuana was used by a subgroup and the percentage of the subgroup who have also used another drug. Among those who have never used marijuana, only negligible percentages have used other drugs. Among the 254 soldiers who reported having used marijuana more than 50 times, a very large percentage have also used each of the other drugs. More than one-third (36%) of those who have used marijuana more than 50 times have actually tried narcotics.

A single use of marijuana does not doom an individual to ultimate use of other drugs. Note that of the 42 subjects who had used marijuana only once, roughly 95% did not go on to use another drug. However, the fact remains, as is clearly evident in Table 9, that when comparisons are made between those who have, and those who have not used marijuana, members of the former category are far more likely to have used other drugs. It seems reasonable that the more often a person has used marijuana, the more often he has been in the company of other users, and the greater his exposure to opportunities to try other drugs. A significant psychological barrier is crossed when one uses his first illegal drug. The more times one has used this drug, the less awesome it seems, and the smaller the psychological step that is perceived in connection with trying still another illegal drug. In other words, it is probably a bigger psychological step to change from a nondrug user to a marijuana user than it is to change from a marijuana-only user to a user of marijuana plus amphetamines.

Table 10

Estimates of Extent of Drug Use Made by Those Who Have and Those Who Have Not Used Drugs

Drug Type	Number Who Have Used	Median Estimate of Those Who Use (%)	Number Who Have Not Used	Median Estimate of Those Who Use (%)
Marijuana	529	50	319	10
Hallucinogens	211	10	561	3
Amphetamines	243	15	524	3
Barbiturates	170	13	592	2
Cocaine	99	5	642	0
Narcotics	92	5	657	0

After one has used a particular drug, a "dissonance reduction" process (Festinger, 5) may take place that diminishes the awesomeness of the deed. This notion is further supported by the data presented in Table 10. These are the estimates made, by users and nonusers of each drug, of the percentage of men in their outfit who use a drug. Marijuana users estimated that 50% of the men in their unit used marijuana, whereas nonusers of marijuana estimated that only 10% of the men in their outfit used it. With each of the other drug types, the median estimates made by users exceed substantially the median estimates made by nonusers of that drug. The trend is quite clear and the differences, by inspection, are significant. Perhaps, when a person has used a certain kind of drug, he tends to think that numerous others also use it, and thereby relieves his own feeling of deviance. On the other hand, a user may be part of a subcuiture of users, and therefore more aware of users, perhaps exaggerating their numbers.

DRUG USE AS RELATED TO VIETNAM EXPERIENCE

It has often been assumed that service in Vietnam is conducive to drug experimentation and use. To explore this possibility, the men were categorized according to whether they had or had not served in Vietnam. Percentages of each of these groups who had ever used each of the main drug types were computed. The results are presented in Table 11.

It is apparent that the percentages of the two groups are generally quite similar. Only with respect to narcotics did the Vietnam returnees exceed the other group in percentage who have ever used the drug. This difference (25 vs. 8%) is highly significant ($p < .001$). Because opium and heroin were readily available and of high quality in Vietnam (at the time of the study), this is not surprising. These findings are consistent with those of Study I, Work Unit MODE (1).

Table 11

Drug Usage by Enlisted Men With and Without Vietnam Experience

Drug Type	Percentage Who Have Ever Used	
	With Vietnam Experience (N=208)	Without Vietnam Experience (N=710)
Marijuana	62	59
Hallucinogens	24	25
Amphetamines	30	30
Barbiturates	25	19
Cocaine	15	11
Narcotics[a]	25	8

[a]The difference between the two groups is significant ($p < .001$), using the Chi Square test.

"COMMITTED DRUG USERS" VS. "PRINCIPLED NONUSERS"

A "committed drug user" is here defined as anyone who has used an illicit drug and who has expressed the intention to continue using it. In the present study, all

respondents who selected response options D or E to any of questions 21 through 26 were designated as committed users. There were 368 men (40% of the total sample) who fell into this category.

The term "principled nonuser" was coined by Hogan *et al.* (6) to designate individuals who indicated they had never used a drug and never intended to do so. Such individuals evidently have strong principles against the use of illicit drugs. In the present study, all respondents who selected response option A to all the items 21 through 26 were designated as principled nonusers. There were 315 men (34% of the total sample) who were so labeled.

Calculations were made of the percentages of these two groups who selected each response option on 19 demographic items on the questionnaire. The two groups appeared to differ appreciably on 15 characteristics. Subsequent Chi Square tests showed that all these differences were significant ($p<.05$). These differentiating characteristics are shown in Table 12.

Table 12

Characteristics Differentiating "Principled Nonusers" and "Committed Drug Users"

Characteristic[a]	Attitude Toward Drug Use	
	Principle Nonusers (N=315)	Committed Drug Users (N=368)
Rank E3 or lower	50	66
Aged 21 or less	56	74
Less than 3 years in Army	75	89
"Desperate" to get out of Army	14	28
"Definitely a career man"	13	2
Very satisfied with present Army job	15	7
"Despises" present Army job	8	17
Had serious trouble with law in civilian life	8	32
Had serious trouble with law in Army life	17	25
Has been AWOL at least once	8	20
Reared in small town or rural area	54	32
Had less than high school education	17	25
Had little or no interest in grade in civilian schooling	20	29
Reared as a Protestant	63	54
Currently belongs to no religion	11	21

[a]All characteristics listed here differentiated significantly ($p < .05$) between the two groups, using the Chi Square test.

The data in Table 12 give the general impression of the committed drug user as a rather young man, of low rank, who is very dissatisfied with Army life, who has tended to run afoul of the law both in civilian and Army life. He is less likely than the principled nonuser to have been reared in a small town or rural area.

The principled nonuser, in contrast, tends to be of higher rank, to have more time in service, to be better satisfied with Army life, to have had fewer troubles with the law both in civilian and Army life, and to have been reared in a small town or rural area. These data are consistent with the view that habitual drug use is a symptom of alienation from conventional, "establishment" kinds of values.

LITERATURE CITED
AND
APPENDICES

LITERATURE CITED

1. Brown, George H. and Harding, Francis D. *A Comparison of Methods of Studying Illicit Drug Usage*, HumRRO Technical Report 73-9, April 1973.

2. McDonagh, Edward C. and Rosenblum, A. Leon. "A Comparison of Mailed Questionnaires and Subsequent Structured Interviews," *Public Opinion Quarterly*, vol. 29, no. 1, Spring 1965, pp. 131-136.

3. Fisher, Allan H., Jr. *Preliminary Findings from the 1971 DoD Survey of Drug Use*, HumRRO Technical Report 72-8, March 1972.

4. Wilson, Thurlow R. and Rosen, Theodore H. "Self-Disclosure on Army Surveys: Survey Procedures and Respondent Beliefs Related to Candidness," HumRRO Technical Report (in preparation), [1974].

5. Festinger, Leon. *A Theory of Cognitive Dissonance*, Row, Peterson and Co., Evanston, Ill. 1957; reissued by Stanford University Press, Stanford, Calif., 1962.

6. Hogan, Robert, Mankin, Donald, Comray, John, and Fox, Sherman. "Personality Correlates of Undergraduate Mairjuana Use," *Journal of Consulting and Clinical Psychology*, vol. 35, no. 1, August 1970, pp. 58-63.

Appendix A

DRUG QUESTIONNAIRE

(Project MODE)

DO NOT SIGN YOUR NAME TO THIS QUESTIONNAIRE

This questionnaire is being given as part of a research project being conducted by the Human Resources Research Organization, a civilian agency working under contract with the Army.

You will be asked many questions about your use, if any, of illegal drugs. Since you will not sign your name, you can be sure that you will never get into trouble by being truthful. Your cooperation will be appreciated.

The Human Resources Research Organization
300 N. Washington Street
Alexandria, Virginia 22314

For each question, circle the letter in front of the answer which is most appropriate for you.

1. What is your rank?

   A. E-1, E-2, or E-3
   B. E-4 or E-5
   C. E-6, E-7, E-8, or E-9

2. What was your age on your last birthday?

   A. 19 or under
   B. 20 or 21
   C. 22 or 23
   D. 24 or 25
   E. 26 or 27
   F. Over 27

3. How did you happen to join the Army?

   A. I got drafted.
   B. Technically, I'm a volunteer, but actually I just wanted to beat the draft to the punch.
   C. I enlisted voluntarily in order to learn a trade or to get certain educational benefits.
   D. I enlisted because I was ordered by a court to either enlist or go to jail.
   E. I enlisted because I thought I would like Army life.
   F. I came in through the ROTC program.

4. How long have you been on active duty in the Army?

   A. Less than 1 year
   B. Between 1 and 2 years
   C. Between 2 and 3 years
   D. More than 3 years

5. During the past two years have you served in Vietnam (or any other Southeast Asian country)?

   A. Yes
   B. No

6. What are your intentions with regard to staying in the Army?

   A. I'm desperate to get out as soon as I possibly can.
   B. I'm reasonably contented to finish out my tour of duty, but I do not plan to re-enlist.
   C. I'm not sure whether I will re-enlist or not.
   D. I'm pretty sure I will re-enlist for another hitch, but I'm not sure I want to make a career of the Army.
   E. I'm definitely a career man.

7. What kind of duty assignment do you have in the Army at this time?

   A. Trainee or student
   B. Administrative, or school support type duty
   C. Combat MOS
   D. Non-combat MOS

8. How well satisfied are you with your present Army job?

   A. I like it better than any other Army job I know of.
   B. On the whole, I'm pretty well satisfied.
   C. It's okay; I neither like it nor dislike it.
   D. On the whole, I'm somewhat discontented with my Army job.
   E. I despise my Army job.

9. Back in civilian life, to what extent did you ever get in trouble with the law?

   A. Only minor traffic tickets, or nothing
   B. Tickets requiring court appearance
   C. More serious court actions
   D. Serious court actions with fine imposed
   E. Serious court action resulting in confinement in prison

10. To what extent have you gotten into legal troubles with the Army;

   A. Never
   B. One Article 15 only
   C. More than one Article 15
   D. Summary Court
   E. Special Court/no confinement
   F. Special Court with confinement

11. Regardless of whether you ever got caught or not, how many times have you been AWOL? (Absent Without Official Leave for more than 24 hours.)

   A. Never AWOL
   B. AWOL one time
   C. AWOL more than once

12. In what type of community were you raised?

   A. Farm or rural
   B. Small town (population under 10,000)
   C. Average size town (10,000 - 100,000)
   D. Suburb of a city
   E. City (100,000 - 500,000)
   F. Large city (more than 500,000)

13. How much education have you had?

A. Did not finish high school.
B. Finished high school, but no college.
C. Obtained GED while in Army.
D. Some college, but did not graduate.
E. Graduated from college, but nothing beyond.
F. Some graduate work.
G. Graduate Degree.

14. When you were last in civilian school, what kind of student were you?

A. I tried to get the very best grades I could.
B. I put out a reasonable effort, but I didn't knock myself out for grades.
C. I just tried to get by.
D. I didn't give a damn about grades.

15. In what religion were you brought up?

A. Protestant
B. Catholic
C. Jewish
D. Other
E. None

16. To what religion do you <u>now</u> belong?

A. Protestant
B. Catholic
C. Jewish
D. Other
E. None

17. How religious are you now?

A. Very religious
B. Moderately religious
C. Slightly religious
D. Not at all religious

18. How religious are your parents? (If they are not living, how religious <u>were</u> they?)

A. Very religious
B. Moderately religious
C. Slightly religious
D. Not at all religious
E. I'm not sure

19. What is your race?

A. White
B. Black
C. Other

DRUG QUESTIONS

Opposite each type of drug listed below, please circle the letter which indicates what experience (if any) you have had with that type of drug. Do not count any times you used a drug because a doctor gave you a prescription for it.

	Have Never Used and Never Will	Have Never Used but I May Try It Sometime	Have Used It but Don't Expect to Use it Again	Have Used It a Few Times and Expect to Continue	Have Used It Many Times and Expect to Continue
20. ALCOHOL: Beer, wine, or hard liquor	A	B	C	D	E
21. MARIJUANA: Hashish or Synthetic THC (grass, pot, hash, etc.)	A	B	C	D	E
22. HALLUCINOGENS: LSD (acid), mescaline, peyote, STP, psilocybin, etc.	A	B	C	D	E
23. AMPHETAMINES (Uppers) Methedrine (speed), pep pills, diet pills, Benzedrine (bennies), etc.	A	B	C	D	E
24. BARBITURATES (Downers) Nembutal, Seconal, (red devils), barbs, sopors, etc.	A	B	C	D	E
25. COCAINE (snow, coke)	A	B	C	D	E
26. NARCOTICS (Hard drugs): Heroin (horse, smack, junk), opium, morphine, methadone, etc.	A	B	C	D	E

CURRENT USE OF DRUGS

Opposite each type of drug listed below, please circle the letter which indicates how often you currently use it. Do not count any times you have used a drug because a doctor gave you a prescription for it.

	Not at All	Less than Once a Month	About Once a Month	About Once a Week	Several Times a Week	Generally Once a Day	Several Times a Day
27. ALCOHOL: Beer, wine, or hard liquor	A	B	C	D	E	F	G
28. MARIJUANA: Hashish or Synthetic THC (grass, pot, hash, etc.)	A	B	C	D	E	F	G
29. HALLUCINOGENS: LSD (acid), mescaline, peyote, STP, psilocybin, etc.	A	B	C	D	E	F	G
30. AMPHETAMINES (Ups): Methedrine (speed), pep pills, diet pills, Benzedrine (bennies), etc.	A	B	C	D	E	F	G
31. BARBITURATES (Downs): Nembutal, Seconal, (red devils), barbs, sopors, etc.	A	B	C	D	E	F	G
32. COCAINE (snow, coke)	A	B	C	D	E	F	G
33. NARCOTICS (Hard drugs): Heroin (horse, smack, junk), opium, morphine, methadone, etc.	A	B	C	D	E	F	G

During the past month, have you used: (Check Yes or No for each)

34. Marijuana (or hash) ____ Yes ____ No

35. LSD (or any other hallucinogen) ____ Yes ____ No

36. Speed (or any other upper) ____ Yes ____ No

37. Barbiturates (downers) ____ Yes ____ No

38. Heroin (or any other hard drug) ____ Yes ____ No

39. It is sometimes said that people who use beer or other alcoholic beverages tend to lose their interest in alcohol after they start using drugs. Which of the following statements applies to you?

A. Question not applicable since I don't use either alcohol or drugs.
B. I use alcohol some, but I don't use drugs at all.
C. I have never had much interest in alcohol and I still don't but I do use a drug now.
D. I used to use alcohol, but I have less interest in it now that I'm using a drug.
E. I have been using alcohol and I still do, but I am also using a drug now.

40. If you are currently using any kind of drug, what do you think is your main reason for doing so; in other words, what do you get out of it? (Select only one answer.)

A. Doesn't apply; I don't use drugs at all.
B. It helps me to relax and forget my troubles.
C. It makes me feel like one of the gang, not an outsider.
D. I just like the feeling it gives me.
E. It helps to give me courage to face an unpleasant or scary situation.
F. It makes me enjoy sex so much better.
G. It gives me a better understanding of myself and my environment.
H. It's a way of showing my contempt for "the establishment".
I. It keeps me from being bored.

The next ten questions are concerned with marijuana and hashish. Since these two drugs are basically the same, we will not bother to name them both in every question. Remember that when we ask about marijuana, we mean to include hashish, also.

41. How many times in your life have you used marijuana (or hash)?

A. Never
B. Once
C. Two or three times
D. Four to ten times
E. Ten to twenty times
F. Twenty to fifty times
G. More than fifty times

42. About how long ago did you first use marijuana?

A. Have never used it.
B. Within the past month.
C. Two or three months ago.
D. Three to six months ago.
E. Six to twelve months ago.
F. More than a year ago.

43. Was your first use of marijuana in the Army or in civilian life?

A. In the Army.
B. In civilian life.
C. Never used it.

44. If you are a fairly regular user of marijuana (or hash) now, when did you become a regular user?

A. Back in civilian life.
B. Since I entered the Army.
C. Not applicable; I never touch the stuff.
D. Not applicable; I only use it occasionally.

45. If you do use marijuana (or hash) at least occasionally, under what sort of circumstances do you generally use it?

A. Not applicable; I don't use it.
B. While socializing with friends during off-duty hours.
C. All by myself, during off-duty hours.
D. With one or more friends, while on duty.
E. All by myself, while on duty.

46. If you do use marijuana (or hash) at least occasionally, do you generally stop as soon as you get a nice high or do you keep going until you are really stoned?

A. Not applicable; I don't use it.
B. I generally stop when I get a nice high.
C. I generally keep going until I get really stoned.

47. Have you ever felt unsure that you could do your military job properly because you were stoned (on marijuana or hash) at the time?

A. Not applicable; I don't use it.
B. Never.
C. Once or twice.
D. Several times.
E. Many times.

48. Have you ever actually fouled up in doing your job because you were stoned on marijuana or hash at the time?

A. Not applicable, I don't use it.
B. Never.
C. Once or twice.
D. Several times.
E. Many times.

49. Have you observed anybody in your outfit fouling up something and you were pretty sure it was because he was stoned on marijuana or hash?

A. Never.
B. Once or twice.
C. Several times.
D. Many times.

50. Have you ever had any unpleasant reactions to marijuana (for example, gotten sick or scared or gone into a panic)?

A. I've never used it.
B. Yes, I've had unpleasant reactions at least once.
C. No, although I have used it, I've never had any unpleasant reactions.

51. Do you know anyone who has had an unpleasant reaction to marijuana or hash?

A. No
B. Yes, one person
C. Yes, more than one person

52. Do you think that the military efficiency of your unit is lowered as a result of marijuana usage by the men?

A. Not in the least
B. A little bit, perhaps
C. Yes, to a moderate extent
D. Yes, to a very serious extent

53. How would you feel about it if something happened which would make it impossible for you to use any marijuana or hash for the next week?

A. It wouldn't bother me in the least.
B. I would be mildly disappointed.
C. I would be badly disappointed, but am sure I could get along.
D. It would shake the hell out of me.

For each of the types of drugs listed below, estimate what percentage of the men in your outfit use it at least occasionally.

54. Marijuana, etc. ____ %

55. Hallucinogens, acid, etc. ____ %

56. Amphetamines, speed, etc. ____ %

57. Barbiturates (downers), etc. ____ %

58. Cocaine ____ %

59. Narcotics, heroin, etc. ____ %

60. What policy do you think the Army should have with regard to marijuana? (Mark the one that comes closest to what you would recommend.)

A. Present regulations should stay in effect.
B. Men should be allowed to use pot freely when off-duty, but never while on duty.
C. Men should be allowed to use pot almost anytime they want, but should be punished if they are judged to be unfit for duty. In other words, if a man can smoke pot and still do his duty competently, he should be left alone.

61. As you may know, the Army now has an amnesty program. This program permits any soldier with a drug problem to turn himself in for treatment without getting into legal trouble for doing so. Do you think this program is a good idea?

A. Yes
B. No
C. Don't know

62. What effect do you think the amnesty program is probably having on the number of men who use marijuana?

A. Results in fewer men using marijuana.
B. Results in more men using marijuana.
C. Has no effect on marijuana usage.

63. In filling out this questionnaire, did you answer every question as honestly as you could?

A. Yes
B. No

THANK YOU FOR YOUR HELP

Appendix B

SUPPLEMENT FOR ALL DRUG USERS (EXCEPT ALCOHOL)

1. What was the first drug you ever used (not counting alcohol)?

   1st drug _____ 3rd drug _____
   2nd drug _____ 4th drug _____

2. How did you happen to try _____ for the first time?
   (1st drug used)

   (Probe as necessary to determine whether it was at a party, small group, or twosome, whether under the influence of alcohol, etc.)

   _____

   _____

   _____

3. Why did you think you happened to try (1st drug) at this time? (i.e., what was special about this occasion that made you decide to try it?)

   _____

   _____

   _____

4. The first time you tried this drug—did you enjoy it? If not—what was your reaction?

   _____

   _____

5. At that time, did you think you would probably try it again?

   _____ Yes
   _____ No
   _____ Didn't think about it

6. If applicable—About how many times did you use this drug before you started to think of yourself as a regular user?

7. Is there any drug that you have used just once and then decided you would never use again?

   _____ Yes _____ No (Go to Q8)

   a. If Yes, what was it?
   b. Why did you decide to quit using it? _____

8. Is there any drug you have used more than once and then decided to quit using it?

_____ Yes _____ No (No more questions)

a. If Yes, what was it? _____

b. Why did you decide to quit using it?

_____

_____

Appendix C

SUPPLEMENT FOR HEROIN USERS

1. The first time you used heroin—how did you use it?

   _____ Needle
   _____ Smoked it
   _____ In food or drink
   _____ Other
   (What was it?)_____

2. Did you know you were using heroin or did you think it was something else?

   _____ Knew it was heroin
   _____ Thought it was something else

3. Did you figure that you would try it just once and never again or did you figure that you might get hooked?

   _____ Figured on one try only
   _____ Figured I might get hooked

4. Did you get hooked?

   _____ Yes _____ No (Go to Q5)

   a. If Yes, after how many times? _____

5. Do you still use it?

   _____ Yes _____ No (Go to Q5B)

   a. If Yes, do you think you can quit when you want to?

   _____ Yes
   _____ No } Go to Q6
   _____ Doubtful

   b. If No, what made you decide to quit? _____
   _____
   _____

   c. How did you quit? _____
   _____
   _____

   d. Do you think you'll ever try it again? _____
   _____

6. If a friend of yours was thinking of trying heroin, what would you say to him?:
   _____
   _____
   _____

Appendix D

BUREAU OF NARCOTICS AND DANGEROUS DRUGS (BNDD) LETTER CONVEYING PRIVILEGED COMMUNICATION STATUS

UNITED STATES DEPARTMENT OF JUSTICE

BUREAU OF NARCOTICS AND DANGEROUS DRUGS

APR 4 1972

TO WHOM IT MAY CONCERN:

Under the authority vested in the Attorney General by Section 502(c) of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (P.L. 91-513), and redelegated to the Director, Bureau of Narcotics and Dangerous Drugs by Section 0.100 of Title 28 of the Code of Federal Regulations, I hereby authorize Dr. George H. Brown and Mr. John A. Richards of the Human Resources Research Organization of Alexandria, Virginia, to withhold all names and other identifying characteristics of all persons who are the subjects of research, "Methodology of Studying Drug Usage in the Military Setting".

By virtue of this authority, Dr. George H. Brown and Mr. John A. Richards of the Human Resources Research Office who are involved in implementing the provisions of the study may not, at any time, be compelled to reveal in any Federal, State, or local civil, criminal, administrative, legislative or other proceedings, the names and other identifying characteristics of persons who are the subject of research conducted pursuant to and in conformity with the aforementioned sections.

John E. Ingersoll
Director

Attachment A

Appendix E

INSTRUCTIONS FOR ADMINISTERING THE PROJECT MODE DRUG QUESTIONNAIRE

1. There will be approximately 25-30 men in your group. Have them sit in alternate seats (i.e., with at least one vacant seat between each two men.)

2. If you don't have at least 25 men present at the official starting time, wait a few minutes until you do. Do not delay starting for more than 10 minutes, however.

3. If anyone arrives after you have begun your explanations, tell him to take a seat and you will explain things to him later.

4. Try to establish an informal, relaxed atmosphere. If not prohibited by Post fire regulations, tell the men that they may smoke if they like.

5. Introduce yourself.

6. Tell the men that they were selected on a chance basis to fill out a questionnaire concerned with drug use in the Army. (Explain that a computer selected them because their social security happens to end in _____ .)

   Ask "Is there any one here whose number does not end in _____?
   (If anyone says "Yes", ask him to write the last two digits of his social security number in the lower left corner of his booklet).

7. Occasionally a subject will object that he shouldn't be there because he doesn't use drugs and doesn't know anything about them, etc. Tell him that that makes no difference, that we still want to have his opinions about drug use in the Army.

8. In your general introduction, be sure to cover the following points:

   A. The questionnaire is absolutely anonymous. Respondents should not place their names anywhere on the questionnaires.
   B. The survey is being conducted by a civilian research organization (HumRRO) in Alexandria, Virginia.
   C. The completed questionnaires will be turned over to HumRRO. They will analyze the results and make a report to the Department of the Army.
   D. No one at this post will examine the questionnaires.
   E. The information obtained will be analyzed for group statistics only. No questionnaire will be individually analyzed.

9. Explain that the survey is being conducted at five major Army installations: Fort Knox, Fort Leonard Wood, Fort Jackson, Fort Sill, and Fort Polk.

10. Tell the men that the study will give them a chance to express their feelings, opinions, and experiences about the use of drugs in the Army.

11. Distribute the questionnaires. Tell the men to use their own pen or pencil if they have one. Offer to lend pencils to those who need them.

12. Explain that for each question they are to select the one answer that is most true for them and circle the letter that corresponds to their answer.

13. Explain that when the questionnaire asks about drug use, it is referring to the non-medical use of drugs. Any use of drugs which was prescribed by a doctor should be disregarded in filling out the questionnaire.

14. Ask the men to correct the printing error in Question 6, answer D. The word "sure" should come after the word "pretty". Also, tell them to write in their duty assignment on question 7 if none of the choices is applicable.

15. Tell the men to place their questionnaires on a table in the front of the room when they have finished. Tell them to step outside the room if they wish to talk, but that you would like to have everybody back in the room when the questionnaires are completed.

16. When the last man finishes the questionnaire, call all the men back into the room.

17. Ask the men if they have any questions about the survey now that they have completed the questionnaire.

18. When all questions have been dealt with, thank the men for their cooperation and dismiss them.

BEST COPY AVAILABLE

HUMAN RESOURCES RESEARCH ORGANIZATION

300 North Washington Street • Alexandria, Virginia 22314

President	Dr. Meredith P. Crawford
Executive Vice President	Dr. William A. McClelland
Executive Officer	Mr. Saul Laviaky
Director for Business Affairs & Treasurer	Mr. Charles W. Smith
Director for Program Development	Mr. David S. Bushnell
Director for Research Design & Reporting	Dr. Eugene A. Cogan
Director Editorial & Production Center	Mrs. Lola M. Zook

RESEARCH DIVISIONS

HumRRO Eastern Division 300 North Washington Street Alexandria, Virginia 22314	Dr. J. Daniel Lyons Director
HumRRO Division No. 2 Fort Knox, Kentucky 40121	Dr. Donald F. Haggard Director
HumRRO Western Division Post Office Box 5787 Presidio of Monterey, California 93940	Dr. Howard H. McFann Director
HumRRO Division No. 4 Post Office Box 2086 Fort Benning, Georgia 31906	Dr. T.O. Jacobs Director
HumRRO Division No. 6 Post Office Box 428 Fort Rucker, Alabama 36360	Dr. Wallace W. Prophet Director